

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 322-1441



August 12, 2020

Mr. Chris Le Baudour, Emergency Medical Services Director  
Marin County Emergency Medical Services Agency  
1600 Los Gatos Drive, Suite 220  
San Rafael, CA 94903

Dear Mr. Le Baudour:

This letter is in response to Marin County's 2019 emergency medical services (EMS) plan submission to the EMS Authority on May 22, 2019. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and is approved for implementation pursuant to HSC § 1797.105(b).

Based on the documentation provided, the EMS Authority has compiled a list of your Emergency Ambulance Zone areas within your jurisdiction and has enclosed for reference.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before August 11, 2021. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

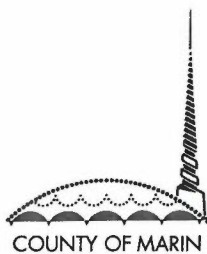
A handwritten signature in blue ink, appearing to read 'Dave Duncan'.

Dave Duncan, MD  
Director

Enclosure

2019 Marin County EMS Plan Transportation Component  
Approved

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization
Paramedic Response Zone Area A		X	Non-Competitive	X				X	X	X					
Paramedic Response Zone Area B		X	Non-Competitive	X				X	X	X					
Paramedic Response Zone Area C	X														
Paramedic Response Zone Area D		X	Non-Competitive	X				X	X	X					
Paramedic Response Zone Area E		X	Non-Competitive	X				X	X	X					



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



Hyacinth Guillermo Hinojosa  
ACTING DIRECTOR

Matthew Willis, MD, MPH  
PUBLIC HEALTH OFFICER

Lisa M. Santora, MD, MPH  
DEPUTY PUBLIC HEALTH OFFICER

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San Rafael, CA 94901  
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May 17, 2019

Howard Backer, MD, MPH, FACEP  
Director  
California Emergency Medical Services Authority  
10901 Gold Center Drive, Suite 400  
Rancho Cordova, CA 95670-6073

Subject: 2019 EMS Plan Annual Update

Dear Dr. Backer,

Enclosed, please find the Marin County EMS Agency's 2019 EMS Plan Annual Update. The California Emergency Medical Services Authority most recently approved Marin County's EMS Plan Update last year.

Thank you in advance for your review and please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Kim Bowman  
EMS Administrator

Attachment: 2019 EMS Plan Update

cc:

Matt Willis, Public Health Officer  
Dustin Ballard, EMS Medical Director

# County of Marin

## 2019 EMS Plan Update



1600 Los Gatos Dr., Suite 220  
San Rafael, California 94903



## 2019 EMS PLAN UPDATE SUMMARY

This EMS Plan Update for the County of Marin is intended to meet statutory requirements of California's Health & Safety Code, Division 2.5, 1797.254. It is submitted in a format suggested by the California EMS Authority. There are no significant changes from our 2018 EMS Plan Update that was approved by the Authority in May of 2018. All data is for calendar year 2018 except for LEMSA budget data which is for FY 2018-19. Marin County looks forward to submitting its next EMS Plan Update via a new online tool now under development.

### Goals and Objectives for previous reporting period:

Goal/Objective	Current Status
Update Multiple Patient Management Plan for MCIs	Completed and Ongoing
Complete transition from current ePCR (ESO <i>Pro</i> ) to ImageTrend <i>Elite</i> .	Completed June 2018
Implement Community Paramedicine Pilot Project	Project Cancelled
Implement pilot study on the use of telemedicine for prehospital neuro assessment of stroke patients.	Project Cancelled
Continue to improve cardiac arrest survival rates by encouraging bystander CPR via annual county-wide "Hands-Only CPR" event.	Completed and Ongoing

### Goals and Objectives for next reporting period:

Goal/Objective	Target Date
Update Multiple Patient Management Plan for MCIs	August 2019
Begin development and implementation of an EMSC Program	October 2019
Conduct hospital evacuation exercise as well as surge exercise to test capacity to move patients from one facility to another with no notice.	June 2019
Continue to train community on Stop the Bleed techniques and improve cardiac arrest survival rates by encouraging bystander CPR	June 2019
Update Medical Health Annex of the OA EOM	January 2020

**LEMSA PERSONNEL CHANGE:** EMS Administrator Miles Juhlin retired in August 2018. Mike Giannini worked as the Interim EMS Administrator until January 2019 when Kim Bowman entered the role.

# A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
<b>Planning Activities:</b>						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning		X	X		
1.08	ALS Planning		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
<b>System Finances:</b>						
1.16	Funding Mechanism		X			
<b>Medical Direction:</b>						
1.17	Medical Direction		X			
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X			



SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction <sup>1</sup>		X			
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		X			

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training		X			

<sup>1</sup> Standard medical direction for the EMS system is via written protocols. Consultation is available with an ED physician at receiving hospitals via phone or radio.

First Responders (non-transporting):						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X			
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

### C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan		X			
3.02	Radios		X			
3.03	Interfacility Transfer		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			



Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

#### D. RESPONSE/TRANSPORTATION

Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
--	------------------------------	------------------------------------	---------------------	--------------------

Universal Level:						
4.01	Service Area Boundaries		X			
4.02	Monitoring		X			
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability		X			
4.11	Specialty Vehicles		X			
4.12	Disaster Response		X			
4.13	Intercounty Response		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X			
4.17	ALS Equipment		X			

Enhanced Level: Ambulance Regulation:					
4.18	Compliance		X		
Enhanced Level: Exclusive Operating Permits:					
4.19	Transportation Plan		X		
4.20	"Grandfathering"		X		
4.21	Compliance		X		
4.22	Evaluation		X		

#### E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments			X		



5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems: STEMI</b>						
5.13	Specialty System Design		X			
5.14	Public Input		X			

#### F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X			
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X			
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			



## G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

## H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements		X			
8.11	CCP Designation		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			

8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

## System Organization and Management

Reporting Year: 2018

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: MARIN

A. Basic Life Support (BLS)	<u>0 %</u>
B. Limited Advanced Life Support (LALS)	<u>0 %</u>
C. <b>Advanced Life Support (ALS)</b>	<u>100 %</u>

2. Type of agency
- a) Public Health Department
  - b) **County Health Services Agency**
  - c) Other (non-health) County Department
  - d) Joint Powers Agency
  - e) Private Non-Profit Entity
  - f) Other: \_\_\_\_\_
3. The person responsible for day-to-day activities of the EMS agency reports to
- a) **Public Health Officer**
  - b) Health Services Agency Director/Administrator
  - c) Board of Directors
  - d) Other: \_\_\_\_\_
4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>_____</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>_____</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>_____</u>
Continuing education	<u>X</u>
Personnel training	<u>_____</u>
Operation of oversight of EMS dispatch center	<u>_____</u>
Non-medical disaster planning	<u>_____</u>
Administration of critical incident stress debriefing team (CISD)	<u>_____</u>
Administration of disaster medical assistance team (DMAT)	<u>_____</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>_____</u>



**Table 2 - System Organization & Management (cont.)**

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 555,768
Contract Services (e.g. medical director)	367,300
Operations (e.g. copying, postage, facilities)	72,902
Travel	4,700
Fixed assets	0
Indirect expenses (overhead)	63,655
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	n/a
Dispatch center operations (non-staff)	0
Training program operations	0
Other: <u>County Interfund transfers</u>	219,002
Other: _____	_____
Other: _____	_____
<b>TOTAL EXPENSES</b>	<b>\$ 1,283,327</b>

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$
Office of Traffic Safety (OTS)	
State general fund	
County general fund	1,053,627
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	10,362
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	
Trauma center application fees	
Trauma center designation fees	30,000
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	5,000
Type: <u>EDAT</u>	
Other critical care center designation fees	5,000
Type: <u>STEMI Receiving Center</u>	
Other critical care center designation fees	7,500
Type: <u>Stroke Receiving Center</u>	
Contributions	
EMS Fund (SB 12/1773)	159,700
Other grants: _____	
Other fees: <u>Ambulance permitting</u>	12,138
Other (specify): _____	
<b>TOTAL REVENUE</b>	<b>\$ 1,283,327</b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN.*

**Table 2 - System Organization & Management (cont.)**

7. Fee structure

       We do not charge any fees

  X   Our fee structure is:

First responder certification	\$	<u>                    </u>
EMS dispatcher certification		<u>                    </u>
EMT-I certification		<u>          15          </u>
EMT-I recertification		<u>          15          </u>
EMT-defibrillation certification		<u>                    </u>
EMT-defibrillation recertification		<u>                    </u>
AEMT certification		<u>                    </u>
EMT recertification		<u>                    </u>
EMT-P accreditation		<u>          75          </u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification		<u>                    </u>
MICN/ARN recertification		<u>                    </u>
EMT-I training program approval		<u>                    </u>
AEMT training program approval		<u>                    </u>
EMT-P training program approval		<u>                    </u>
MICN/ARN training program approval		<u>                    </u>
Base hospital application		<u>                    </u>
Base hospital designation		<u>                    </u>
Trauma center application		<u>                    </u>
Trauma center designation (Level III)		<u>          30,000          </u>
Pediatric facility approval		<u>                    </u>
Pediatric facility designation		<u>                    </u>
Other critical care center application		<u>                    </u>
Type: <u>STEMI or Stroke</u>		<u>          2,500          </u>
Type: <u>EDAT</u>		<u>          2,500          </u>
Ambulance service license	\$	<u>          650          </u>
Ambulance vehicle permits		<u>          275          </u>
Other: <u>                    </u>		<u>                    </u>



Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	\$59.67	60%	
Asst. Admin. /Admin. Asst./ Admin. Mgr.					
ALS Coord. /Field Coord. / Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	2.0	\$43.51	60%	
Trauma Coordinator	Trauma Coordinator	0.2*	n/a	n/a	Independent Contractor
Medical Director	EMS Medical Director	0.4*	n/a	n/a	Independent Contractor
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

\*FTEs estimated for independent contractors

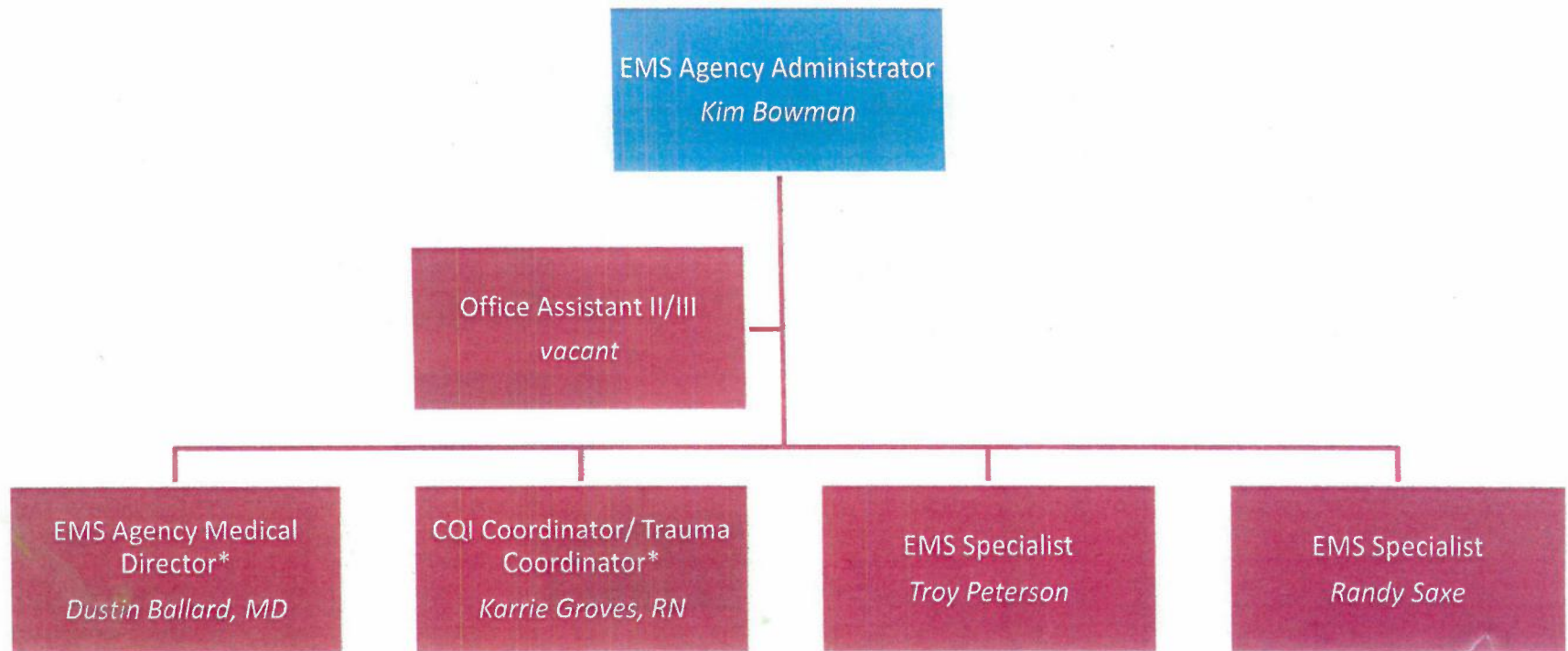
Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	CQI Coordinator	0.4*	n/a	n/a	Independent Contractor
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Assistant III	0.5	\$28.53	60%	Hiring Spring 2019
Data Entry Clerk					
Other:					

\*FTEs estimated only for independent contractors

*Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.*

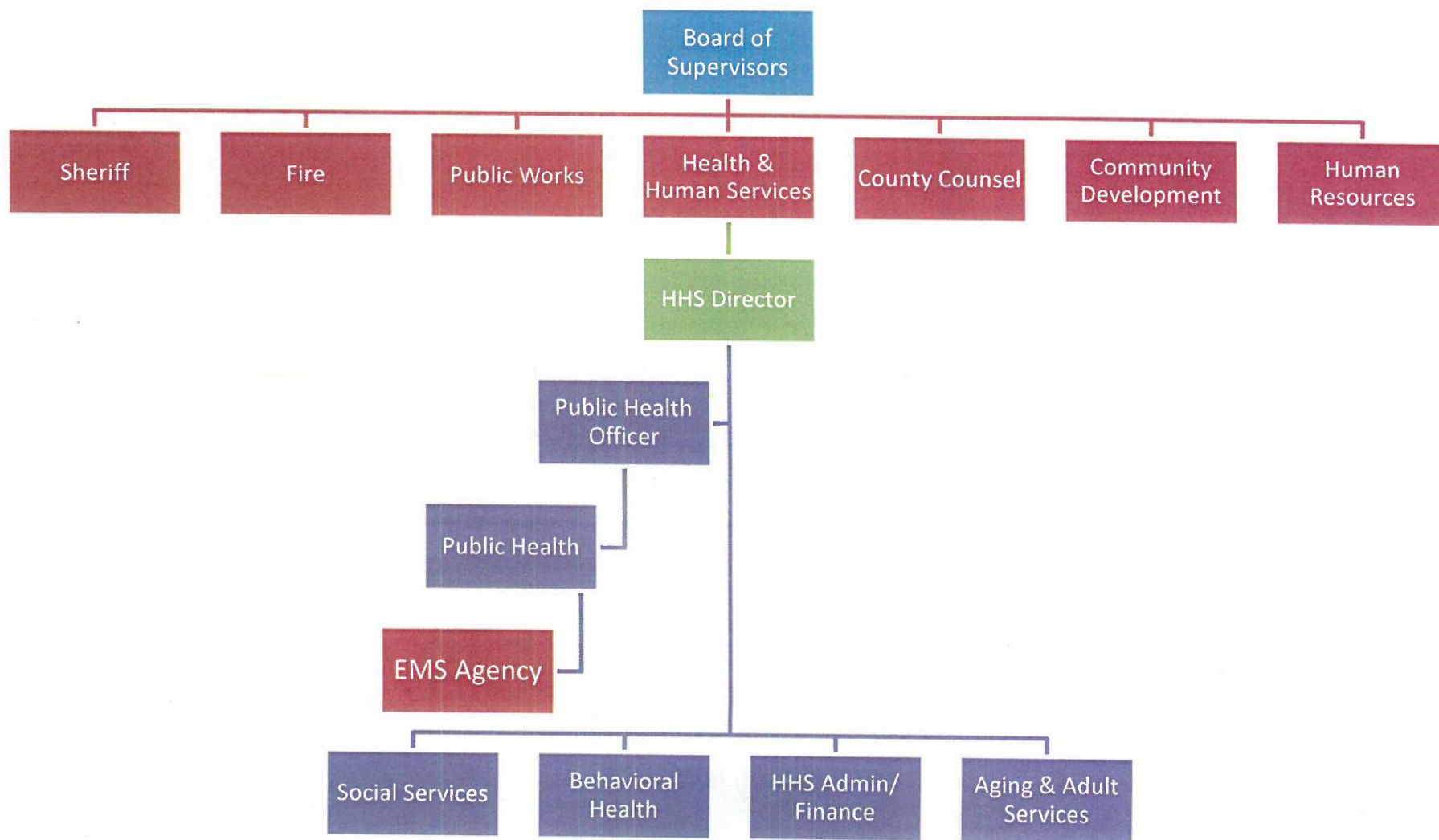
## Marin County EMS Agency Organization



\* Part-time contract position



## County of Marin Organization



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Reporting Year: **2018**

**NOTE:** Table 3 is to be reported by agency.

	EMTs	AEMTs	EMT-Ps	MICN
Total Certified	See EMT Registry			
Number newly certified this year	See EMT Registry			
Number recertified this year	See EMT Registry			
Total number of accredited personnel on July 1 of the reporting year			243	
Number of certification reviews resulting in:				
a) formal investigations	1			
b) probation	0			
c) suspensions	0			
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	1			

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

All

b) Number of public safety (defib) certified (non-EMT-I)

n/a

2. Do you have an EMR training program

☐ yes ☒ no

**TABLE 4: SYSTEM RESOURCES AND  
OPERATIONS - Communications**

**Note:** Table 4 is to be answered for each county.

County: **MARIN**

Reporting Year: **2019**

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | 5   |
| 2. Number of secondary PSAPs   |   |
| 3. Number of dispatch centers directly dispatching ambulances  | 2   |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | 1   |
| 5. Number of designated dispatch centers for EMS Aircraft  | 1   |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Marin County Sheriff's Communications</u>     |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>same as above</u>   |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>MERA (460 MHz trunked system)</u>  |   |
| b. Other methods <u>MEDS UHF</u>   |   |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |



**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

Reporting Year: **2019**

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers **All**

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder	10 minutes	30 minutes	ASAP	
Transport Ambulance	10 minutes	30 minutes	ASAP	

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**  
**Facilities/Critical Care**

Reporting Year: 2019

**NOTE:** Table 6 is to be reported by agency.

**Trauma\***

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>819</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>n/a</u>
3. Number of major trauma patients transferred to a trauma center	<u>n/a</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>n/a</u>

*\*Note: We do not break out our trauma data this way. Reporting total trauma volume only.*

**Emergency Departments**

Total number of emergency departments	<u>3</u>
1. Number of referral emergency services	<u></u>
2. Number of standby emergency services	<u></u>
3. Number of basic emergency services	<u>3</u>
4. Number of comprehensive emergency services	<u></u>

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>3</u>

## TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2018

County: MARIN

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? **Pre-determined**
  - b. How are they staffed? **Marin Medical Reserve Corps**
  - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team<sup>2</sup>
  - a. Do you have any team medical response capability? ☒ Yes ☐ No
  - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
  - c. Are they available for statewide response? ☒ Yes ☐ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
  - b. At what HazMat level are they trained? **HazMat Technician**
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? up to 10
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☐ Yes ☒ No
  - b. exercise? ☒ Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement.  
**Cooperative Assistance Agreement with most counties in Region II**
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No

<sup>2</sup> Marin Medical Reserve Corps



6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? **Public Health Officer**
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No ☒ n/a

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN Provider: NOVATO FIRE DISTRICT Response Zone: PSA "A"

Address: 95 Rowland Way Number of Ambulance Vehicles in Fleet: 4  
Novato, CA 94945

Phone Number: (415) 878-2690 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

4548 Total number of responses  
3581 Number of emergency responses  
967 Number of non-emergency responses

3628 Total number of transports  
1718 Number of emergency transports  
1910 Number of non-emergency transports

# Table 8: Resource Directory

Reporting Year: **2018**

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN Provider: SAN RAFAEL FIRE DEPT Response Zone: PSA "B"

Address: 1600 Los Gamos Dr. Number of Ambulance Vehicles in Fleet: 4  
San Rafael, CA 94903

Phone Number: (415) 485-3307 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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## Transporting Agencies

6347 Total number of responses  
5123 Number of emergency responses  
1224 Number of non-emergency responses

4238 Total number of transports  
2188 Number of emergency transports  
2050 Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN Provider: Ross Valley Paramedic Authority Response Zone: PSA "C"

Address: 33 Castlerock Ave. Number of Ambulance Vehicles in Fleet: 2  
Woodacre, CA 94973

Phone Number: (415) 499-6717 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> JPA	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

2313 Total number of responses  
1824 Number of emergency responses  
489 Number of non-emergency responses

1769 Total number of transports  
998 Number of emergency transports  
771 Number of non-emergency transports

# Table 8: Resource Directory

Reporting Year: **2018**

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN Provider: CENTRAL MARIN FIRE DEPT Response Zone: PSA "C"

Address: 342 Tamalpias Dr. Number of Ambulance Vehicles in Fleet: 2  
Corte Madera, CA 94925

Phone Number: (415) 927-5077 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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## Transporting Agencies

1560 Total number of responses  
1252 Number of emergency responses  
308 Number of non-emergency responses

1228 Total number of transports  
605 Number of emergency transports  
623 Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN Provider: Southern Marin Paramedic System Response Zone: PSA "D"

Address: 1679 Tiburon Blvd. Number of Ambulance Vehicles in Fleet: 5  
Tiburon, CA 94920

Phone Number: (415) 435-7200 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> JPA	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

4078 Total number of responses  
3228 Number of emergency responses  
850 Number of non-emergency responses

3088 Total number of transports  
1591 Number of emergency transports  
1497 Number of non-emergency transports



# Table 8: Resource Directory

Reporting Year: 2018

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN Provider: MARIN COUNTY FIRE DEPT Response Zone: PSA "E"

Address: 33 Castlerock Ave. Number of Ambulance Vehicles in Fleet: 4  
Woodacre, CA 94973

Phone Number: (415) 499-6717 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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## Transporting Agencies

1273 Total number of responses  
989 Number of emergency responses  
284 Number of non-emergency responses

833 Total number of transports  
465 Number of emergency transports  
368 Number of non-emergency transports

**Table 8: Resource Directory**

 Reporting Year: **2018**
**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN      Provider: FALCK/VeriHealth      Response Zone: ALL  
 Address: 17 Woodland Ave.      Number of Ambulance Vehicles in Fleet: 8  
           San Rafael, CA 94901  
 Phone      Average Number of Ambulances on Duty  
 Number:      At 12:00 p.m. (noon) on Any Given Day: 2-3

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>30</u>	Total number of responses	<u>25</u>	Total number of transports
<u>14</u>	Number of emergency responses	<u>25</u>	Number of emergency transports
<u>16</u>	Number of non-emergency responses	<u>n/a</u>	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN Provider: NORCAL AMBULANCE Response Zone: ALL

Address: 655 Dubois Street Number of Ambulance Vehicles in Fleet: 4  
San Rafael, CA 94901

Phone Number: (866) 755-3400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

55 Total number of responses  
31 Number of emergency responses  
24 Number of non-emergency responses

53 Total number of transports  
15 Number of emergency transports  
38 Number of non-emergency transports



Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN Provider: ST. JOSEPHS AMBULANCE Response Zone: ALL

Address: 1418 Lincoln Ave. Number of Ambulance Vehicles in Fleet: 6  
San Rafael, CA 94901

Phone Number: (415) 456-9333 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2-3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>63</u> Total number of responses	<u>63</u> Total number of transports
<u>29</u> Number of emergency responses	<u>24</u> Number of emergency transports
<u>34</u> Number of non-emergency responses	<u>39</u> Number of non-emergency transports

**\*\* ST. JOSEPHS AMBULANCE SERVICE CEASED OPERATIONS IN MARIN COUNTY AS OF JANUARY 2019 \*\***

**Table 8: Resource Directory**

Reporting Year: **2018**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: MARIN Provider: Falcon Critical Care Transport Response Zone: ALL

Address: Redwood Blvd. Number of Ambulance Vehicles in Fleet: 4  
San Rafael, CA 94903

Phone Number: (415) 382-8628 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

0 Total number of responses  
0 Number of emergency responses  
n/a Number of non-emergency responses

0 Total number of transports  
0 Number of emergency transports  
n/a Number of non-emergency transports

**Table 9: Resources Directory**

**Facilities**

**County:** MARIN

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** MARIN GENERAL HOSPITAL **Telephone Number:** (415) 925-7000  
**Address:** 250 Bon Air Rd.  
Greenbrae, CA

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



County: MARIN

Facility: KAISER SAN RAFAEL MEDICAL CENTER  
Address: 99 Montecillo Rd.  
San Rafael, CA 94903

Telephone Number: (415) 444-2000

<b>Written Contract:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Service:</b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b>Base Hospital:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Burn Center:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>4</sup></b> <b>EDAP<sup>5</sup></b> <b>PICU<sup>6</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Trauma Center:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If Trauma Center what level: *</b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b>STEMI Center:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Stroke Center:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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\* Kaiser San Rafael Medical Center has been designated by the LEMSA as an "Emergency Department Approved for Trauma" (EDAT). This hospital elects to maintain an active trauma program including a Trauma Program Coordinator and Trauma Medical Director. However, all patients meeting field trauma triage criteria are transported to our Level III Trauma Center.

<sup>4</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>6</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: MARIN

Facility: NOVATO COMMUNITY HOSPITAL  
Address: 180 Rowland Way  
Novato, CA 94945

Telephone Number: (415) 209-1300

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b><u>Pediatric Critical Care Center<sup>7</sup></u></b> <b><u>EDAP<sup>8</sup></u></b> <b><u>PICU<sup>9</sup></u></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>7</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>8</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>9</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** Marin      **Reporting Year:** 2019

<b>Training Institution Name</b>	<u>College of Marin</u>	<b>Contact Person</b>	Rosalind Hartman
<b>Address</b>	835 College Ave.  Kentfield, CA 94904	<b>telephone no.</b>	415-485-9326

<b>Student Eligibility: *</b>  Open to Public	<b>Cost of Program</b>  Basic <u>n/a</u> Refresher <u>n/a</u>	<b>**Program Level:</b> <u>EMT Training/ Refresher</u>  <b>Program</b> Number of students completing training per year:  Initial training:      30-40 per semester Refresher:              10-20 per semester Cont. Education Expiration Date: <u>1-31-21</u>  Number of courses: Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education:
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**County:** Marin      **Reporting Year:** 2019

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**Training Institution Name**

College of Marin

**Contact Person**

Rosalind Hartman

**Address**

835 College Ave.  
Kentfield, CA 94904

**telephone no.**

415-485-9326

<b>Student Eligibility: *</b>  Open to Public	<b>Cost of Program</b>  Basic <u>          n/a          </u> Refresher <u>          n/a          </u>	<b>**Program Level:</b> <u>EMR</u>  <b>Number of students completing training per year:</b>  Initial training:     30-40 per semester  Refresher:  Cont. Education  Expiration Date: <u>1-31-21</u>  Number of courses:  Initial training: <u>3</u>  Refresher:  Cont. Education:
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**County:** Marin

**Reporting Year:** 2019



**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**Training Institution Name**

College of Marin

**Contact Person**

Rosalind Hartman

**Address**

835 College Ave.

Kentfield, CA 94904

**telephone no.**

415-485-9326

<b>Student Eligibility: *</b>  Open to Public	<b>Cost of Program</b>  Basic <u>n/a</u> Refresher <u>n/a</u>	<b>**Program Level: <u>CE Provider</u></b>  Number of students completing training per year:  Initial training:  Refresher:  10-20 per semester  Cont. Education  Expiration Date: <u>1-31-21</u>  Number of courses:  Initial training:  Refresher:  Cont. Education:
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**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**Training Institution**

**Contact Person**

Deputy Carol Gathman

**Name** CPR Etc.

**Address** 310 Indian Way  
Novato, CA 94945

**telephone no.**

415-884-2720

<b>Student Eligibility: *</b>  Restricted to Fire Personnel	<b>Cost of Program</b>  Basic <u>n/a</u> Refresher <u>n/a</u>	<b>**Program Level:</b> Continuing Education Provider  <b>Number of students completing training per year:</b>  Initial training:  Refresher:  Expiration Date: <u>08-30-21</u>  Number of courses:  Initial training: Refresher:  Cont. Education: On-going
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**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**Training Institution**

**Contact Person**

Michael Seybold

**Name**

Farmhouse Teaching Services

**Address**

5149 Nicasio Valley Rd.

**telephone no.**

Nicasio, CA 94946

Student Eligibility: *	Cost of Program	**Program Level: <u>CE Provider</u>
Unrestricted	Basic <u>n/a</u> Refresher <u>n/a</u>	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 04-30-2023
		Number of courses: Initial training: Refresher: Cont. Education: <u>On-going</u>

**Training Institution****Name** Marin County Fire Department**Address** P.O. Box 518  
Woodacre, CA 94973**Contact Person**

Bret McTigue

**telephone no.**415-717-1514**Student Eligibility: \***

Restricted to Fire Personnel

**Cost of Program**Basic n/aRefresher n/a**\*\*Program Level: CE Provider**

Number of students completing training per year:

Initial training:       

Refresher:

Cont. Education Unk Expiration Date: 12-31-2020

Number of courses:

Initial training: Refresher:   Cont. Education: On-going



**Training Institution****Name** Novato Fire Protection District**Address** 95 Rowland Way  
Novato, CA 94945**Contact Person**

Jeffery Whittet

**telephone no.**415-878-2690

<b>Student Eligibility: *</b> Restricted to Fire Personnel	<b>Cost of Program</b> Basic <u>n/a</u> Refresher <u>n/a</u>	<b>**Program Level: Continuing Education Provider</b> Number of students completing training per year: Initial training: Refresher: Expiration Date: <u>04-01-2021</u> Number of courses: Initial training: Refresher: Cont. Education: On-going
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**Training Institution****Name** San Rafael Fire Department**Address** 1039 C Street  
San Rafael, CA 94901**Contact Person**

Chief Christopher Gray

**telephone no.**415-485-3304

<b>Student Eligibility: *</b>	<b>Cost of Program</b>	<b>**Program Level: <u>CE Provider</u></b>
Restricted to Fire Personnel	Basic <u>n/a</u>	Number of students completing training per year:
	Refresher <u>n/a</u>	Initial training: <u>      </u>
		Refresher:
		Cont. Education
		Expiration Date: <u>09-30-2020</u>
		Number of courses:
		Initial training: Refresher:
		Cont. Education: <u>On-going</u>

**Training Institution** Southern Marin Emergency Medical

**Contact Person**

Chief Richard Pearce

**Name** Paramedic System

**Address** 1679 Tiburon Blvd.

**telephone no.**

415-435-7200

Tiburon, CA 94920

**Student Eligibility: \***

Restricted to Fire Personnel

**Cost of Program**

Basic n/a

Refresher n/a

**\*\*Program Level:** CE Provider

Number of students completing training per year:

Initial training:

Refresher:

Cont. Education

Expiration Date: 4-30-2021

Number of courses:

Initial training:

Refresher:

Cont. Education: On-going

**Training Institution**

**Contact Person**

Michael St. John

**Name**

Marin County Sheriff's Search & Rescue

**Address**

1600 Los Gamos Dr.

**telephone no.**

415-499-7250

San Rafael, CA 94903

**Student Eligibility:** \* Restricted  
to SAR team members

**Cost of Program**

Basic n/a

Refresher n/a

**\*\*Program Level:** CE Provider

Number of students completing training per year:

Initial training:

Refresher:

Cont. Education

Expiration Date: 08-01-2022

Number of courses:

Initial training:

Refresher:

Cont. Education: On-going



**Training Institution****Name** Otis Guy Teaching Services**Address** 115 Ridge Rd.  
Fairfax, CA 94930**Contact Person**

Otis Guy

**telephone no.**

415-250-2585

<b>Student Eligibility: *</b>  Unrestricted	<b>Cost of Program</b>  Basic <u>n/a</u> Refresher <u>n/a</u>	<b>**Program Level: <u>CE Provider</u></b>  Number of students completing training per year:  Initial training:  Refresher:  Cont. Education  Expiration Date: 05-31-2021  Number of courses:  Initial training:  Refresher:  Cont. Education: <u>On-going</u>
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**Training Institution****Name** C.A.R.E.**Address** PO Box 22  
Woodacre CA 94973**Contact Person**

Kenneth Allen

**telephone no.**415-717-1091

<b>Student Eligibility:</b>  Open to the public	<b>Cost of Program</b>  Basic <u>n/a</u> Refresher <u>n/a</u>	Program Level: <u>CE Provider</u>  Number of students completing training per year:  Initial training:  Refresher:  Cont. Education  Expiration Date: 07-31-2023  Number of courses:  Initial training:  Refresher:  Cont. Education: <u>On-going</u>
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**Training Institution****Name** Corte Madera Fire Department**Address** 342 Tamalpais  
Corte Madera, CA 94925**Contact Person**

Liz Froneberger, RN

**telephone no.**415-922-5077

<b>Student Eligibility: *</b>  Restricted to Fire Personnel	<b>Cost of Program</b>  Basic <u>n/a</u> Refresher <u>n/a</u>	<b>**Program Level: <u>CE Provider</u></b>  Number of students completing training per year:  Initial training:  Refresher:  Cont. Education  Expiration Date: 09-30-2020  Number of courses:  Initial training:  Refresher:  Cont. Education: <u>On-going</u>
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**Training Institution**

**Contact Person**

Vicki Martinez

**Name**

415-444-2400

Kaiser Permanente Medical Center

**Address**

99 Montecillo Rd.

**telephone no.**

San Rafael, CA 94903

**Student Eligibility: \***

Unrestricted

**Cost of Program**

Basic n/a Refresher  
n/a

**\*\*Program Level: CE Provider**

Number of students completing training per year:

Initial training:

Refresher:

Cont. Education

Expiration Date: 05-30-2021

Number of courses:

Initial training:

Refresher:

Cont. Education: On-going



**Training Institution****Contact Person**

Michelle Tracy

**Name**Marin General Hospital**Address**

250 Bon Air Dr.

**telephone no.**415-925-7000Greenbrae, CA 94939

<b>Student Eligibility: *</b>  Unrestricted	<b>Cost of Program</b>  Basic <u>      n/a      </u> Refresher <u>      n/a      </u>	<b>**Program Level: <u>CE Provider</u></b>  Number of students completing training per year:  Initial training:  Refresher: Cont. Education  Expiration Date:  Number of courses:  Initial training:  Refresher:  Cont. Education: <u>On-going</u>
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**Training Institution****Contact Person**

Andrea Strongman

**Name** Marin County EMS Agency Suite 220**Address** 1600 Los Gamos Dr  
San Rafael, CA 94903**telephone no.**415-473-6871

<b>Student Eligibility: *</b>  Unrestricted	<b>Cost of Program</b>  Basic <u>          n/a          </u> Refresher <u>          n/a          </u>	<b>**Program Level: Continuing Education Provider</b>  Number of students completing training per year:  Initial training:  Refresher:  Expiration Date: 05-01-2021  Number of courses:  Initial training: Refresher:  Cont. Education: On-going
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**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

**County: MARIN**

**Reporting Year: 2019**

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	Marin County Sheriff's Communications		Primary Contact:	Heather Costello, Comm Center Manager
Address:	1600 Los Gamos Dr. San Rafael, CA 94903			
Telephone Number:	(415) 473-4123			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 27 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	